

Case Number:	CM14-0052175		
Date Assigned:	07/07/2014	Date of Injury:	01/12/2009
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who reported an injury on 01/12/2009 due to unspecified cause of injury. The injured worker had a history of bilateral lower back pain and left lower extremity pain with a diagnosis of left lower back pain, and radiculopathy at the L5. The prior surgery dated 12/2009 included a lumbar disc herniation resection at the L4-5. No diagnostics available for review. The objective findings dated 07/03/2014 of the lumbar spine revealed a surgical scar with restricted flexion/extension, right lateral bending and left lateral bending. The examination also noted bilateral tenderness to the paravertebral muscles and a positive left straight leg raise. The motor exam revealed a normal appearance, tone and strength of muscle, sensory with decreased sensation over the L5 dermatomes on the left. No past treatments provided. The medication included Amitiza 24 mcg, Lyrica 100 mg, Prozac 20 mg, amitriptyline 10 mg, Desipramine 50 mg and Nucynta ER 250 mg. The treatment plan included a new prescription for the Amitiza, Lyrica, Prozac, Desipramine and Nucynta. The Request for Authorization was not submitted with the documentation. The rationale for the Desipramine was that the injured worker had been taking it and it helps her to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Desipramine 50 mg quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Opioids, California controlled Substance Utilization Review and Evaluation System.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: The California MTUS indicate that Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The ODG indicates when using for lower back pain a systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. The reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. Per the clinical notes provided it was unclear if the injured worker was prescribed the Desipramine for insomnia or the injured workers lower back pain. The clinical notes did not indicate that the injured worker had a diagnosis of insomnia. The guidelines do not recommend for the use of lower back pain. The request did not address the frequency. The request for Desipramine 50 mg quantity 30 with three refills is not medically necessary and appropriate.